


Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

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|---|---|--|---|------------------|------------------------|
| Establishment Name VIC'S CAFÉ INC | Telephone Number Est 812/944-4338 Own 812-989-2350 | Date of Inspection 06/02/2021 | ID# | | |
| Address 1839 EAST MARKET STREET, NEW ALBANY IN 47150 | | | | | |
| Owner GP III, LLC | Purpose <u> </u> Routine <u> X </u> Follow-up <u> </u> Complaint <u> </u> Pre-Operational <u> </u> Temporary <u> </u> HACCP <u> </u> Other (list) | Follow Up | Released 06/12/2021 | | |
| Owner's Address 7007 SHADOW POINTE SELLERSBURG, IN 47172 | | Menu Type 1 _ 2 _ 3 <u> X </u> 4 _ 5 _ | | | |
| Person in Charge HOLLY MARSHALL | | | | | |
| Responsible Person's Email | | | | | |
| Certified Food Handler GORDON PANTER | | | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R" | | | | | |
| Section # | C | NC | R | Narrative | To Be Corrected |
| | | | | | |
| Summary of Violations C <u> </u> NC <u> </u> R <u> </u> | | | | | |
| Received by (name and title printed): HOLLY MARSHALL | | | Inspected by (name and title printed): Christa Manus EHS | | |
| Received by (signature): | | | Inspected by (signature):  | | |
| cc: | | cc: | | cc: | |